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ABSTRACT

This paper provides an analysis of the effects of licensure for psychologists. Common requirements are reviewed. Meeting the requirements may require attention to the laws of the state in which practice is intended before finishing the doctorate. Making a graduate education dossier is recommended and an example is appended. The "Examination for Professional Practice in Psychology," (EPPP) given by the Association of State and Provincial Psychology Boards, is discussed. Content areas of the EPPP include: (1) "Assessment and Diagnosis"; (2) "Biological Bases of Behavior"; (3) "Cognitive-Affective Bases of Behavior"; (4) "Ethical/Legal/Professional Issues"; (5) "Growth and Lifespan Development"; (6) "Research Methods"; (7) "Social and Multicultural Bases of Behavior"; and (8) "Treatment/Intervention." Current trends in licensure based on initiatives from the American Psychological Association include positions on generic and specialty licensing, "health service provider" licensing, the need for professional mobility, and standards for qualification. Under "Protecting Your Rights and Why You Might Have To" the landmark 1977 Wisconsin challenge to the state board is discussed. Recommendations are listed for current students. "Epilogue: Can Psychology Return to 'Professionalism'?" provides a systems analysis of the development of professional psychology. The paper concludes with a list of the 13 guidelines for the "good profession," originally prepared by Fillmore Sanford. (Contains six references and a sample dossier.) (EMK)

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ISSUES IN PSYCHOLOGY LICENSURE: REQUIREMENTS, APPLICANT RIGHTS, FUTURE TRENDS, AND EPILOGUE

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ISSUES IN PSYCHOLOGY LICENSURE: REQUIREMENTS, APPLICANT RIGHTS, FUTURE TRENDS, AND EPILOGUE

History

The first legislation to certify psychologists was approved by the Connecticut state legislature in 1945. Efforts continued on a state-by-state basis since then and licensing, certification, or registration of psychologists is now in all 50 states, Guam, the District of Columbia, and in nine Canadian provinces.

Some form of regulation over professional psychology practice is necessary in order to insure that practitioners have met high standards, and the intent behind the early licensing/certification efforts was to protect the public by limiting licensure to those persons qualified to practice psychology as defined by state or provincial law. Since this type of regulation is a matter of the states, most state psychological associations worked with American Psychological Association guidelines to develop the licensure concepts. One might be surprised to learn that the American Psychiatric Association worked with the American Psychological Association to develop these initial guidelines, which is probably the last time these two organizations ever worked together on anything !

There are two legal means by which a profession is regulated: *licensure* and *certification*. A *licensure* law is the more restrictive means, and defines the practice of psychology by specifying which services a psychologist is qualified to offer to the public. An individual without a license cannot legally engage in such activities. A *certification* law simply certifies the use of the title, "psychologist", denying to those not certified the right to refer to themselves by that title. However, this type of law does not restrict practice or define permissible activities.

Generally, certification laws were easier to obtain than licensure laws, since certification has aroused less opposition from other professions that may overlap

with that of psychology (i.e., educational psychology, guidance, counseling, school psychology). Organized medical groups have tended to oppose licensure laws as being in conflict with state medical practice acts over the practice of psychotherapy. Officially, the American Psychiatric Association is opposed to any form of independent practice of clinical psychology.

General Requirements for Psychology Licensing

Although licensing laws may vary somewhat between states, many do have some common requirements with respect to **1)** general education requirements; **2)** supervised and/or clinical experience; **3)** examination(s); **4)** administrative materials; and **5)** specialty areas.

The **general educational requirement** for psychology licensure is a doctoral degree in psychology, from an approved program, or one as determined by the licensing board of the state to which one applies. The definition of "approved programs" varies widely between states and often refers to the college/university having appropriate regional accreditation as a higher educational institution.

However, the requirement for a "doctoral degree in psychology" has become more contentious in the past two decades, as some states mandate this degree must be granted from a college or university's Psychology Department, and no others. Prior to 1980, many state licensing acts contained a provision that allowed the licensing boards to determine "equivalence in training" of applicants who possessed doctoral degrees in educational psychology; counseling; counselor education; guidance, and rehabilitation counseling. Due to political pressure exerted by members of state professional organizations with vested interests in limiting the number of licensed psychologists, and also due to additional licensing laws in some states to cover the category of "professional counselor", a number of states have eliminated their equivalency clauses and will only consider applicants whose doctoral degree was granted by a Psychology Department.

There are 17 states that license applicants at a sub-doctoral level (Alaska; Arkansas; *California*; *Delaware*; Kansas; Kentucky; Maine; *Maryland*; *Michigan*; Minnesota; Nebraska; New Mexico; North Carolina; Oregon; Tennessee; Texas; and Wyoming) with no examination requirement for sub-doctoral applicants in the states appearing in italics. These states have two or more levels of licensure, with the lower level requiring less than a doctoral degree and would tend to not allow that individual to practice at the independent level.

The general **experiential requirement** for licensure applicants is one or two years of supervised experience in a setting approved by the particular state licensing board. This requirement often tends to be 1,500 to 2,000 hours of pre-doctoral supervised experience, toward which the doctoral internship year can be counted, and an additional 1,500 to 2,000 hours of post-doctoral supervised experience. This general requirement will also tend to qualify most psychological providers with the eligibility for reimbursement to provide Medicare and Medicaid services, which typically requires 3,000 hours of experience.

The **examination requirement** generally involves demonstrating relevant knowledge in psychology by passing an objective examination, constructed by the Association of State and Provincial Psychology Boards, called the *Examination for Professional Practice in Psychology* (EPPP). A passing score on the examination is set by each board for its state. Other states may also require an oral or essay examination that might include ethics and state law. Proof of citizenship, age requirements, and providing evidence of good moral character are **administrative requirements** in some states.

Licensure to practice psychology is *generic* in most states, with psychologists expected to practice within the scope of their formal education and experience. Recognition of *specialty areas* may become more common in the future. Several states allow for a separate designation as a "health service provider" and some have

licensed or registered their psychologists as "clinical" or "school" psychologists. It is not uncommon for the requirements for licensure as a generic or specialized psychologist to differ somewhat from those for licensure as a school psychologist.

Meeting the Requirements for Licensure

Before applying for licensure anywhere, an applicant should examine the law related to the practice of psychology and the licensing law in the state to which an application may be filed. It is almost best for this to occur prior to finishing up doctoral studies. Many states now have their statutes on-line through the internet and that access allows one to review the licensing law and/or the licensing board's administrative rules. If a potential applicant does not have enough credits in an area, those credits could be taken before graduation so the applicant would be in compliance. Failure to be fully cognizant of the licensure law in a state one intends to practice typically leads to problems and delays in getting licensed in that particular state.

With respect to training and experience, some applicants may not have the appropriate degree specified by the licensing law, namely, a doctorate in psychology. Applicants might also be short in the number of graduate hours in the core areas of psychology. Many state licensing laws contain a provision that graduate work must be "primarily psychological in nature" and that the doctoral degreed be "based upon a dissertation that is psychological in content". Some applicants may be lacking in the setting and duration of experience at the internship level. It is incumbent upon each applicant to provide the necessary documentation that the board's requirements have been met.

One thing that every licensing applicant recommended to do is to make up a graduate education dossier. First, photocopy the actual course descriptions from the graduate bulletins/catalogs from the university attended. The first heading on this dossier should be "Graduate Course Description", with the name of the university

and years attended. Cut out each course taken and paste under the heading. The next column should list the name of the professor teaching the course, along with their exact degree title, where they attended school, and place an asterisk by the name if that professor was licensed to practice psychology at the independent level, as well as if that professor is a member of the American Psychological Association, which can be found by looking up the professor's name in the *APA Biographical Directory*, printed every 4th year. The third column should list the name and dates of publication of the texts used in the various courses taken. The last entry, at the end of the pages should list the title of one's dissertation.

The reason for making up this dossier is if one's education comes into question and the licensing board wants to examine the course and its content in detail, that detail can be provided rather easily. Course descriptions have been used by licensing boards to determine if a course is "in psychology" or not. In addition, a professor's own licensing status has been used to determine if that professor met the definition of "professional psychologist". This information can assist an applicant in establishing the appropriateness of all psychology course work.

The last important area to prepare for in meeting requirements for licensure is the successful performance on the licensing examination (EPPP). The most frequent source of failure on this exam is the lack of sufficient knowledge of basic psychology and ethical issues.

The Examination for Professional Practice in Psychology (EPPP)

The EPPP examination was developed by the Association of State and Provincial Psychology Boards (ASPPB, 1997) and is provided to state and provincial psychology licensing boards to assist in evaluating applicants for licensing. It is a standardized examination given twice a year by psychology boards, normally in April and October, to applicants seeking to do some form of clinical or counseling practice.

There are several forms of the examination and each contains 200 objective, multiple-choice items. An applicant's score is equal to the total number of correct responses. There is no penalty for incorrect answers.

Content areas of the EPPP examination consist of eight topics (ASPPB, 1997):
1) *Assessment and diagnosis* (14%): requires knowledge of psychometric theory and concepts (reliability, validity, item characteristics, standardization, norms) and test validation procedures (criterion, predictive, construct, and content); assessment models (psychometric, behavioral, neuropsychological); tests for measurement of characteristics of individuals (cognitive, achievement, aptitude, personality, neuropsychological, and vocational); techniques other than tests; instruments for measuring characteristics of jobs, organizations, educational, and social institutions (job analysis, job evaluation, need assessment, organizational diagnosis, ecological assessment — I/O specific; methods for evaluating environmental/ecological influences on individuals, groups, or organizations; criteria for selecting assessment devices/approaches (cultural appropriateness, cost effectiveness, relevance); utilization of classification systems (DSM, AAMR, SEC, ICD) for diagnosing client functioning; epidemiology of associated features of behavioral disorders, base rates of disorders in clinical or demographic populations, comorbidity rates, age ranges; theory and technique for measuring client changes (client tracking, patient compliance); and use of computers and related technology in implementing tests, surveys, and use of computer-generated interpretive reports.
2) *Biological Bases of Behavior* (11%): requires knowledge of neuroscience, the physiological bases of behavior and illness, and psychopharmacology. Basic neuroscience (neuroanatomy, neurophysiology, and neurochemistry); physiological correlates of behavior and affect (symptoms of common psychophysiologic reactions and syndromes, i.e., hyperventilation, anxiety disorders, depressive disorders, stress reactions, headaches, irritable bowel syndrome; acute and chronic

illnesses (post-stroke depression, diabetes, AIDS, asthma, chemotherapy, fibromyalgia, hypoglycemia, schizophrenia), including psychoneuroimmunology and gender differences; basic psychopharmacology (medication effects, side effects, and interactions), drug metabolism and categories (anxiolytics, antidepressants, antipsychotics, and anticonvulsants) and addictive potential; genetic transmission (dominant vs. recessive genes) and role in understanding behavioral, emotional, and psychosocial manisfestations (Duchenne's muscular dystrophy, Huntington's disease, Down's syndrome) including gender differences; and relationship of stress to biological and psychological functioning, with reference to lifestyle and lifestyle modification (cardiac rehabilitation, smoking cessation), and physical or biological reactions to a behavior (substance abuse, eating disorders).

3) *Cognitive - Affective Bases of Behavior* (13%): knowledge of cognitive science, theories of learning, memory, motivation and emotion, and factors that influence an individual's cognitive performance and/or emotional experience. Cognitive science (sensation and perception, attention, memory, language and spatial skills, intelligence, information processing, problem-solving, strategies for organizing information; theories and principles of learning (social learning, classical and operant conditioning, primacy/regency effects); theories of motivation (need/value approaches, cognitive choice approaches, self-regulation); theories of emotions; reciprocal interrelationships among cognitions/beliefs, behavior, affect, temperament, and mood (health functioning, performance anxiety, performance enhancement, job satisfaction, depression); and influence of psychosocial factors (sex differences, family styles and characteristics, academic/occupational success) on beliefs/cognitions and behaviors, effect of mother's work outside the home, gender attitudes, factors that do not impact psychopathology.

4) *Ethical Legal Professional Issues* (15%): knowledge of the ethical code, professional standards for practice, legal mandates, guidelines for ethical decision-

making, and professional training and supervision. APA Ethical Principles of Psychologists Code and/or Canadian Code of Ethics for Psychologists (confidentiality, research, dual relationships, limits of competence, advertising practices, informed consent, record-keeping); professional standards and guidelines for the practice of psychology (APA/CPA Standards for Providers of Psychological Services, AERA/APA/NCME Standards for Educational and Psychological Testing, ASPPB Code of Conduct, ASPPB Model Licensure Act, credentialing requirements for advanced specialties and proficiencies, other published guidelines for special populations such as women and minorities; pertinent federal, state, and/or provincial laws/statutes that affect psychological practice (laws and regulations relating to family and child protection, education, disabilities, discrimination, duty to warn and privileged communication, commitment and least restrictive care, continuing education requirements, practice regulations, licensure regulations); ethical decision-making process (resolution of ethical conflicts, integration of ethical principles and legal/regulatory standards); and models and approaches for training and supervision of self and others (methods for developing and enhancing knowledge in proficiencies and specialties, continuing education, professional self-management, clinical supervision, peer consultation and supervision, recognition of self-limits, appropriateness of credentials).

5) *Growth and Lifespan Development* (13%): knowledge of age-appropriate child, adolescent, and adult development, atypical patterns of development, and the protective and risk factors that influence developmental outcomes for individuals. Normal growth and development (cognitive, social, personality, moral, emotional, and physical) from conception through old age (theoretical aspects); influence of culture on normative or age-expected behaviors (normal age-range, individual differences) and how the definition of normative behavior is influenced by culture (in context of the person); risk factors which predict an atypical developmental

course (nutritional deficiencies, health care, including prenatal care, availability of social support, adequacy of income and housing, poverty, parental alcohol/drug abuse; theory; focus is on pathology; interventions to reduce risk factors (poor health care, nutritional deficiencies, violence) and to increase resilience (protective factors such as caregiving, increased social support) and competence (skill building) of individuals living in at-risk environments; life-event changes that can alter the normal course of development (injury, trauma, illness, onset of chronic disease or disorder in self or parent, death, divorce); theories of development (constructivist theory, social learning theory, ecological theory); how development is influenced by the organism—environment interaction over time (understanding the relationship between the behavior of the individual and the social, academic, or work environment); and family systems functioning and family stages in life and how these impact on individuals (family life cycle, parent—adolescent communication, birth of child).

6) *Research methods* (6%): knowledge of research design, methodology, and program evaluation, statistical procedures, and criteria for accurate interpretation of research findings. Research methods (sampling, instrumentation, data collection procedures), appropriateness of instruction selection, issues of research design; research design (hypothesis generation, experimental, quasi-experimental, naturalistic inquiry, group designs, and single-case research), most generic level; appropriate analytical methods (qualitative, quantitative, descriptive, inferential, univariate, bivariate, and multivariate, parametric, and non-parametric), which analysis is appropriate, and interpretation (causal vs. correlational, degree and nature of generalizability), pure, raw statistical questions; criteria for critical appraisal and utilization of research (technical adequacy, limitations to generalizations, threats to internal, external, construct validity, and design flaws), integration of qualitative and quantitative results, use of research; and program

planning and evaluation strategies and techniques (need assessment, process/ implementation evaluation, outcome evaluation, cost-benefit analysis, public health benefit).

7) *Social and multicultural bases of behavior* (12%): knowledge of social cognition, social interaction processes, and organizational dynamics, theories of personality, and issues in diversity (multiethnic, multicultural, gender, ageism, sexual orientation, and disability. Social cognition and perception (attribution theory and biases, information integration, confirmation bias, person perception, development of stereotypes, racism); social interaction (interpersonal relationships, aggression, altruism, attraction); group dynamics and organizational structures (school systems, gang behavior, job satisfaction, family systems, group thinking, cultural behavior, conformity, compliance, obedience, persuasion) and social influences on individual functioning; environmental/ecological psychology (person-environment fit, crowding, pollution, noise) limitations in existing theories for understanding the effect of diversity (racial/ethnic minorities, gender, age, disability, sexual orientation, religious groups, adverse impact, between-and-within group differences); theories of identity development of multicultural/multiethnic groups (acculturation theories, racial/ethnic identity); role that race, ethnicity, gender, sexual orientation, disability, and their cultural differences play in the psychosocial, political, and economic development of individuals/groups, effects of culture on school motivation) which are higher order constructs; sexual orientation issues (sexual identity, gay/lesbian/bisexual, family issues); psychology of gender (psychology of women, psychology of men, gender identity development); and disability and rehabilitation issues (inclusion, psychological impact of disability).

8) *Treatment intervention* (16%): knowledge of individual, group, or organizational interventions for specific concerns/disorders, treatment theories, and consultation models and processes. Treatment planning process, including matching to

appropriate treatment (differential diagnosis) and efficacy and outcome data; theories of treatment (behavioral, cognitive, and cognitive-behavioral approaches, psychodynamic approaches, systems/ecological approaches, humanistic approaches, psychoeducation, time-limited/brief therapy), theoretical bases of therapy; treatment techniques/interventions for specific concerns or populations (marital and family, group therapy, crisis intervention, play therapy, feminist therapy, rehabilitation therapy, approaches to stress management, remediation and compensation, culturally appropriate treatments and interventions); system theories and system interventions (change of environment, school system, community interventions, family, job and equipment design, consultation); organizational interventions (organizational development, organizational change, performance enhancement/ management); consultation models (mental health, behavioral, instructional, organizational) and processes (stages, communication skills), consulting to individuals, groups, and organizations; human resource management interventions (selection, performance appraisal, training); theories of career development and counseling (career assessment, career counseling techniques); adjunctive and alternative interventions and appropriate referral (physicians, psychopharmacology, inpatient or partial hospitalization, support groups); service delivery systems (education, health, mental health, social services, forensics, business and industry); and quality assurance measurement techniques (client satisfaction, goal attainment, organizational effectiveness).

With respect to scoring on the EPPP, 38 states have the cut-off score set at 70% of the items correct, or, 140 of 200 items correct. The cut-off score is ½ standard deviation below the mean in the District of Columbia, Mississippi, and North Dakota. The cut-off score is 1 full standard deviation below the mean in Michigan and South Dakota. The cut-off score is *the lower of* either 70% (140 items) or the mean for all doctoral candidates taking the exam in Alabama, Indiana, and

Nebraska. The cut-off score "floats" based upon the mean of all doctoral candidates taking the exam in New Mexico, Wyoming, and New York. the Commonwealth of Pennsylvania criterion references their passing score. The highest cut-off score was 73% (146 items correct) in Maryland, and the lowest cut-off score is 60% (120 items correct) in the Canadian province of Quebec.

Trends in Licensure

A possible new trend in licensure was initiated by the American Psychological Association. The date of this initiative was approximately 1989, and stated that by 1995, all applicants for licensure must come from academic and training programs that are approved by the American Psychological Association, or they need not apply. There could be a liberal "grandparenting period" for those who were already licensed at the time of the new initiative. But, this initiative was not implemented, for a number of reasons: a number of state legislatures resented the idea that some national organization would come into their state and basically tell them what to do; not to mention the fact that there are few APA-approved university training programs and many qualified potential applicants would be unfairly discriminated against; and accreditation by the American Psychological Association could come under fire in the near future. Based upon what happened to the American Physical Therapy Association is any indicator, questions are now emerging as to the appropriateness of a professional society or organization rendering judgments on education programs, and that a conflict-of-interest may exist between the accreditation process and the advocacy role of the American Physical Therapy Association. States have the responsibility of issuing licenses and they have tended to not utilize as restrictive of measures in carrying out that responsibility as state or national associations would like.

Another trend, one that may have some potential, is the leaning toward specialty licensure. The position advocated by the American Psychological Association is

that licensure remain "generic". It seems to be a bit inconsistent that the American Psychological Association, whose position should be that of the supreme authority in all matters pertaining to this profession, and wanting to see its "1995" initiative passed at the state level, would not be in favor of specialty licensing. APA's position is to not license psychologists as "clinical psychologists" because "clinical" has been accepted as a *defacto* specialty only because of longevity. If one believed literature from the American Psychological Association, one would think that the Association is not designating programs for approval as "clinical" or "counseling" psychology programs ! The new trend is toward certifying/licensing psychologists as "health service providers" as that is the group to which licensure was intended. It is not known first-hand (or second-hand) as to whether there are any licensed psychologists who currently practice and do not provide a "health service". It would then appear that specialty licensure does not need to be offered if an existing set of rules/criteria for one to be viewed as a "health service provider" or if an existing group/organization/agency could serve the function in designating who could call themselves "health service providers" in psychology.

At present, there are 6 states that offer a designation beyond that of a generic psychology license: Massachusetts, Texas, Indiana, Missouri, Iowa, and Kentucky. An applicant can apply for a generic license to practice, as well as applying for the "health service provider" designation. Massachusetts utilizes some of the criteria listed by the National Register of Health Service Providers in Psychology, but does not require licensees to be listed in the Register. Texas has required its licensees to be listed in the National Register after the date of September 1, 1983 in order to be given the "Health Service Provider" designation. Indiana uses the experience requirements as the National Register (2 years experience; one year internship and one year post-doctoral). Missouri law allows for licensing reciprocity if an applicant holds a license in another state whose licensure law is equal to or greater

than Missouri's and the individual meets one of several criteria, one of which is listing in the National Register. Iowa law allows for an applicant to have two years of clinical experience in a "recognized health service setting" or meeting the standards of the National Register to achieve "health service provider" designation. Kentucky law allows for those already licensed to have their record reviewed to see if it warrants a "health service provider" stamp to put on their license to practice.

Extra certification always involves an extra fee. The designation of "health service provider" costs anywhere from an additional $10 to $55 per certification period. It does appear that extending the "health service provider" designation along with a generic license to practice is a future trend. The State of Illinois is an anomaly where psychology licensure is concerned, as it does not offer licensure. Illinois psychologists are considered "registered psychologists", as their law still borders on that of "certification", rather than "licensing". However, in or around 1989, Illinois deemed that all of its "registered psychologists" were now "registered *clinical* psychologists", thus creating one of the first specialty certificates.

A new development arose in 1997 which may finally allow for some degree of reciprocity between states. The Association of State and Provincial Psychology Boards (ASPPB, 1997)) has developed a "Certificate of Professional Qualification in Psychology" and created a Credentials Bank as a repository for licensure-related information about one's education, supervised experience, work history, and examination performance.

Qualifications to obtain the CPQ are based on ASPPB-approved standards for education, experience, examination, and disciplinary history. These standards require that an individual have a valid license to practice psychology at the independent level in a ASPPB member jurisdiction that is based on receipt of an acceptable doctoral degree in psychology. An acceptable doctoral degree in psychology generally is one from a program accredited by the American

Psychological Association or Canadian Psychological Association or meeting the criteria for the National Register of Health Service Providers in Psychology's "Designated Doctoral Programs in Psychology". In addition, the individual must have passed the Examination for Professional Practice in Psychology (EPPP) at the ASPPB-recommended pass point, successfully passed an oral exam, have two years of supervised experience (at least one of which is post-doctoral), have at least five years of post-licensure practice in ASPPB member jurisdictions, and have no history of disciplinary action against their psychology license.

Since 1990, the ASPPB has been working to develop an individualized approach to professional mobility. ASPPB member jurisdictions are being encouraged to accept holders of the ASPPB certificate as meeting the education, experience and examination requirements for licensure. Even in jurisdictions that accept the CPQ, possession of a CPQ is not a guarantee of licensure since jurisdictions are free to impose local requirements such as a jurisprudence exam or an interview. However, most of the serious obstacles to professional mobility for psychologists have involved questions about educational preparation, supervised experience, and passage of the Examination for Professional Practice in Psychology (EPPP), all of which are addressed through acceptance of the CPQ.

There also is a grandparenting provision available to individuals applying before December 31, 2000, who were licensed to practice psychology at the independent level in 1981 or before in the U.S., or in 1986 or before in Canada, where that license was based on receipt of a doctoral degree. Individuals qualifying under this category may be granted the CPQ without meeting the strict requirements for educational preparation, supervised experience, and both oral and written examinations that psychologists more recently licensed must meet. The rationale for the 1981 date for those licensed in the U.S. is that prior to this date there was no mechanism to determine who possessed a doctoral degree in psychology. Since

1980, the Council for the National Register of Health Service Providers in Psychology (currently in conjunction with ASPPB) has published a listing of programs meeting criteria as designated doctoral programs in psychology. Prior to 1981, many psychology regulatory boards accepted individuals with doctoral degrees that were substantially equivalent to a degree in psychology. Most boards have abandoned such equivalencies and require applicants to demonstrate possession of a doctoral degree in psychology. Similarly in Canada, several provinces did not pass psychology licensing or registration acts until the mid-1980s, and in 1986 the Canadian Register of Health Service Providers in Psychology was created and offered a method to identify appropriately qualified individuals trained in psychology.

The rationale for this grandparenting period is that during the early years of psychology credentialing and continuing into the 1980s, qualifications for psychology licenses were highly variable across jurisdictions and had a tendency to escalate over time. Hence, individuals licensed according to prevailing standards in the 1970s would not meet the educational requirements (e.g. courses in ethics or biological bases of behavior), the supervised experience requirements (e.g. no supervised post-doctoral experience) currently used by many psychology boards and may not have taken or passed an oral exam or the EPPP at the ASPPB-recommended level. Yet these individuals met the standards in place at the time, have been appropriately credentialed by a psychology regulatory board, have practiced for at least five years since that time and have no history of any significant disciplinary action since being licensed. The time-limited nature of the grand-parenting provision was adopted to make the CPQ acceptable to psychology regulatory boards that recognize the problem of variable standards in the past yet would prefer not to leave that option open indefinitely. The ASPPB hopes the implementation of the CPQ program will contribute to the effectiveness of

psychology regulatory boards while eliminating any unneeded restrictions to mobility.

Protecting Your Rights and Why You Might Have To

It is hoped that all applicants will have little difficulty getting themselves through the licensing process, but problems can crop up at times that are beyond any applicant's control. Some of these problems will be caused by the psychology examining boards. One of the most common problems encountered by applicants during the 1970's through the 1980's were the result of psychology boards choosing to *interpret* the statutes regarding psychology licensure, rather than *administering* the statutes to both the letter and spirit of the law.

As applicants for psychology licensure were denied the ability to sit for the national and/or state examinations, a number of state psychology boards found themselves before state legislative committees who had granted the board's authority to begin with, or found themselves in circuit court trying to defend their administrative rules. No state underwent as much in the way of challenge than Wisconsin during the late 1970's.

It was learned during a 1977 State of Wisconsin *Joint Committee for Review of Administrative Rules* (JCRAR) that applicants for a variety of occupational licenses were routinely denied due process under both the Fifth and Fourteenth Amendments of the U.S. Constitution, which state that no person may be deprived of life, liberty, or property without due process of law. Because most occupational licensing boards are comprised only of member of that particular profession, the possibility existed for a conflict-of-interest situation at best, and restraint-of-trade at worst, in explaining why so few people were given licenses to practice. This was especially true for many psychology licensing boards because the boards consisted only of licensed psychologists, with many working in private practice settings and having a vested interest in not licensing applicants.

In the Wisconsin psychology licensing problem mentioned above, rather than believe the psychology examining board was "protecting the public", testimony in this hearing indicated that applicants for psychology licensure needed to be protected from the board. With the evidence presented so overwhelming, the Wisconsin *Joint Committee for Review of Administrative Rules* had no other option than vote 8 - 0 to censure the psychology examining board for its actions in going beyond statutory authority, and suspended only those portions of the board's Administrative Rules where the statutory authority abuses occurred. Approximately one month later, the board declared there to be an "emergency situation" in the profession that required the board to reinstate the suspended rules, which only served to further rile up the *Joint Committee*, who threatened the board with contempt charges if any of the suspended rules were reinstated.

You all will likely become graduates of clinical or counseling psychology programs that are approved by the American Psychological Association, so in all probability, many you will never have to experience the frequency or intensity of adversity in obtaining a license to practice as did those before you. The following ideas may be useful for you to keep in mind when dealing with any kind of examining board or credentialling agency in psychology:

1) Obtain copies of licensure laws from states you are interested in working in prior to graduation to make sure you have enough credits as specified by each particular state. It is easier to take "make-up" work before you graduate than after. A list of state psychological associations is printed yearly in the July issue of the *American Psychologist*, as well as the addresses of state psychology boards.

2) Keep copies of any and all correspondence between yourself any boards.

3) Remember that every psychology examining board answers to some legislative committee in every state, in the event that you need to take

a complaint higher.

4) Since you represent the future of this profession, please find someway for psychology to (Former President George Bush, please excuse this unapproved use of your best known phrase...) become "*a kinder and gentler profession*"!

Epilogue: Can Psychology Return to "Professionalism" ?

There is a great importance placed upon professions in American society. One of the first questions asked when meeting someone new is, "*What do you do ?*" Status, prestige, "power", and economic rewards are tied in with one's professional affiliation. The stated goal of every profession is "social good and the welfare of the client", but this aim is often neglected in actual professional activity. Economic enhancement and maintenance of status takes precedence over public needs. Changes in licensure and certification in psychology have seldom, if ever, been done as a client-driven activity. Instead, the changes have been driven by members of the profession in response to an ever-shrinking client pool. These changes were more subtle back in the early days of licensure, but were evident nonetheless, resulting in Bisno writing "Laws of Professionalism" (1960).

Bisno's first law is The Law of Professional Velocity:

> "*The internal dynamics of the process of professionalization result in an upward and onward motion of the profession which is expressed in a continuous pressure toward extending the educational requirements for desired professional statuses irrespective of the absence of public clamor for such professional velocity* (1960, p. 10)".

Part of this law can be seen in the new cottage industry of certification in psychology, with some certificates being very worthwhile, like a Diplomate from the American Board of Professional Psychology (ABPP); some being of lesser or

questionable value, like being listed in the National Register of Health Service Providers in Psychology; and others being virtually worthless, these being: American Academy of Behavioral Medicine; International Academy of Professional Counselors & Psychotherapists; American Association of Psychological Practitioners; American Board of Professional Disability Consultants; American Board of Vocational Neuropsychology; and the American Board of Administrative Psychology, just to name a few. Other areas this law might touch is the status of attending APA-approved programs versus not, and new licensure law requirements in a number of states for licensing board-approved continuing education. Not only has the public not clamored for these issues, they have not even been allowed input of any kind.

Bisno's second law is The Law of Professional Dissociation:

> "*As the process of professionalization goes on, the professionals proceed to dissociate themselves from the uninitiated, respectfully referred to as sub-professionals, technicians, aides, the untrained, and laymen* (1960, p. 10)".

By adding increasingly higher standards and the achievement of social distance for the select few, professionalism acts to restrict the situation and make it so rigid that public needs are no longer served. Vested interests eventually discourage social change. The American Medical Association has taken strong political stands and spends vast sums of money on its own agenda and in retaining lobbyists who work against the expansion of public health services. The American Psychological Association has followed in the AMA's footsteps, as there was conflict over master's level psychologists versus Ph.D. psychologists with respect to licensure and certification issues; the ill-fated purchase of *Psychology Today* magazine back

in the 1980's with no input from its membership; and the current controversy over whether psychologists should have prescription privileges.

The Boulder model advocated that psychologists should be "scientist-practitioners". Today's model appears to be one in which psychologists should be "politician-practitioners", and if it were not for all these clients, we could get more "politics" and favorable legislation done.

The American Psychological Association faced up to some of the problems with professionalism and approved a statement, originally prepared by Fillmore Sanford in 1951, on a "good profession". Unfortunately, it took APA until 1954 to approve Sanford's guidelines. Somewhere, in the evolution of psychology as a profession, some of the following guidelines got lost.

THE GOOD PROFESSION

1. A good profession guides its practices and policies by a sense of social responsibility.

2. A good profession devotes relatively little of its energy to "guild" functions-to the building of its own in-group strength, and relatively much of its energy to serving of its social functions.

3. A good profession will not represent itself as able to render services outside its demonstrable competence.

4. A good profession has a code of ethics designed primarily to protect the client and only secondarily to protect the members of the profession.

5. A good profession will find its unique pattern of competencies and focus its efforts on carrying out those functions for which it is best equipped.

6. A good profession will engage in rational and cooperative relations with other professions having related or overlapping competencies and common purposes.

7. A good profession will be characterized by an adaptive balance among efforts

devoted to research, to teaching, and to application.

8. A good profession will maintain good channels of communication among the "discoverers", the teachers, and the appliers of knowledge.

9. A good profession is free of non-functional entrance requirements.

10. A good profession is one in which preparatory training is validly related to the ultimate function of the members of the profession.

11. A good profession will guard against adopting any technique or theory as the final solution to its problems.

12. A good profession is one whose members are socially and financially accessible to the public.

13. A good profession is a free profession (APA, 1954, p 4-8).

It is hoped that in the next millennium, psychology will become a unifying force in the treatment of emotional disorders, regardless of area of specialization, and that it can once again be considered to be *a good profession*.

References

Association of State and Provincial Psychology Boards. (1997). Licensure as a Psychologist [On-Line]. Available: http://www.asppb.org

Association of State and Provincial Psychology Boards. (1997). The EPPP [On-Line]. Available: http://www.asppb.org

Association of State and Provincial Psychology Boards. (1997). Certificate of Professional Qualification in Psychology [On-Line]. Available: http://www.asppb.org

American Psychological Association. (1954). Psychology and its Relations With Other Professions. Washington, DC: Author.

Bisno, H. (1960). Professional status and professional policies: A heterodox analysis. Consulting news and views, 12, 4-11.

Sanford, F.H. (1951). Annual report of the executive secretary. American Psychologist, 6, 664-670.

TENTONI, STUART C.

North Texas State University, Ph.D. Counselor Education/Clinical Psychology, 1972-1974

Course Name and Description	Instructor	Text
569. Practicum in Counseling. 3 hours. Provides actual counseling experience with a variety of clients and problems. Students who take the in counseling during the summer must enroll for both terms. The second term enrollment will be in EDSS 590. Prerequisite: EDSS 571, EDSS 568, EDSS 549, EDSS 574.	GARRY LANDRETH, ED.D.* UNIV. OF NEW MEXICO	_____
602. Social and Aesthetic Foundations of Education. 3 hours. A broad view of education at all levels; examination of contemporary educational problems in terms of their social and aesthetic background.	BILL MARTIN, Ed.D. UNIV. OF MISSOURI	_____
600. Methods of Educational Research. 3 hours. Analysis of techniques for descriptive, historical, and experimental research in education. Required of all doctoral candidates in education.	JOHN CURRY, ED.D. INDIANA UNIV.	EMPIRICAL FOUNDATIONS OF EDUCATIONAL RESEARCH, SAX, 1968.
565. Individual Testing. 3 hours. Clinical tests of intelligence, with emphasis on the administration and interpretation of the Wechsler Scales and the Revised Stanford-Binet, Form L-M. Lecture three hours, laboratory two hours per week. Prerequisite: any one of the following: Psychology 363, 588, EDUC 468 or EDSS 573. Credit will not be given for both 542 and 565. SFH.	FORREST HAMILTON, E.D.D* N.Y.U.	WAIS, WISC, WPPSI, AND STANFORD-BINET TEST MANUALS THE MEASUREMENT & APPRAISAL OF ADULT INTELLIGENCE, 4TH ED., WECHSLER, 1958.
601. Statistics for Educational Research. 3 hours. The application of statistical techniques to research in education; the development of skills in interpreting statistical concepts. Analysis of variance, multiple comparisons, non-parametric statistics, test construction statistics, multiple correlation and factor analysis. Required of all doctoral candidates in education. Prerequisite: EDUC 521 or equivalent.	WILLIAM BROOKSHIRE, PH.D. COLORADO STATE UNIV.	FUNDAMENTAL RESEARCH STATISTICS FOR THE BEHAVORAL SCIENCES, ROSCOE, 1969.
567. Theories of Personality. 3 hours. Major personality theories, with special concentration on Freud, Jung, Adler, Murray, and Lewin, and on stimulus-response conceptions. Prerequisite: satisfactory placement on the general core examination for psychology doctoral candidates; departmental approval for other doctoral students. SFH.	MERL BONNEY, PH.D. (RET.) COLUMBIA UNIV.	THEORIES OF PERSONALITY, 2ND ED., HALL & LINDZEY, 1970. THEORIES OF PERSONALITY: PRIMARY SOURCES AND RESEARCH, HALL & LINDZEY, 1965.
579. Counseling the Culturally and Ethnically Different Client. 3 hours. Development of counseling skills and strategies based upon the special needs and characteristics of the culturally and ethnically different client. Prerequisite: EDSS 571, 568, 549.	PAT McLEOD, ED.D. MICHIGAN STATE UNIV.	
588. Psychological Appraisal. 3 hours. Group tests and scales used in the measurement of educational achievement, aptitude, intelligence, interest, and personality; administering, scoring, and interpreting tests in these areas. Lecture 3 hours, laboratory 3 hours per week. SFH.	RAY JOHNSON, PH.D.* UNIV. OF MISSOURI	PSYCHOLOGICAL TESTING, 3RD ED., ANASTASI, 1968.
613. Research in Counseling. 3 hours. Survey and analysis of existing research and research methodology in counseling and student services. A review of the literature in selected areas is required. Major research reports are evaluated for methodological strengths and weaknesses. Prerequisite: EDUC 600 and EDUC 601.	GEORGE P. ROBB, ED.D.* INDIANA UNIV.	RESEARCH IN PSYCHOTHERAPY, MELTZOFF & KORNREICH, 1970.
621. Advanced Quantitative Methods in Educational Research. 3 hours. Principles and techniques in the application of advanced inferential statistics to educational data. Emphasis on multiple linear regression and factor analysis. Prerequisite: EDUC 600 and 601 or equivalent.	WILLIAM BROOKSHIRE, PH.D. COLORADO STATE UNIV.	APPLIED FACTOR ANALYSIS, RUMMEL, 1970.
665A-665B. Advanced Theories of Counseling. 6 hours. Study in depth of the major theories of counseling, including the philosophical and psychological assumptions which underlie them. Prerequisite: departmental approval; A is a prerequisite of B. A" ANY	GEORGE BEAMER, PH.D. (RET.)* UNIV. OF MISSOURI	PSYCHOTHERAPY AND COUNSELING, SAHAKIAN, 1968.
668. Seminar in Guidance and Counseling. 3 hours. Focus is on counseling development of student's own counseling approach. Prerequisite: EDSS 665.		

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1 SAMPLE DOSSIER

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TENTONI, STUART C.

NORTH TEXAS STATE UNIVERSITY, PH.D. COUNSELOR EDUCATION / CLINICAL PSYCHOLOGY 1972-1974

	INSTRUCTOR	TEXT
562. Psychological Assessment II. 4 hours. Focuses on methods of assessing an individual's achievement, aptitude, interests, and personality. Considers objective and projective techniques as well as individual and group approaches. Includes interviewing, administration, scoring, interpretation, and report writing. 3 hours lecture and three hours laboratory per week. Prerequisite: Psychology 542. (Generally offered only during the spring semester.) Students who have had a similar course without credit in a laboratory will be required to enroll in a special problems laboratory. (ONLY RECEIVED 3 CREDITS - ONLY USED MMPI AND RORSCHACH) PSYCH (ADVANCED PROJ. TECH.)	FORREST HAMILTON, ED.D.* N.Y.U.	RORSCHACH'S TEST - VOL. 1 - BASIC PROCESSES, BECK, BECK, MOLISH, LEAVITT, 1961. RORSCHACH'S TEST - VOL. 2 - A VARIETY OF PERSONALITY PICTURES, BECK & MOLISH, 1967 RORSCHACH'S TEST - VOL. 3 - ADVANCES IN INTERPRETATION, BECK, 1952.
563. Clinical Psychology. 3 hours. Problems, ethics, and objectives involved in the current practice of clinical psychology. Prerequisite: acceptance into graduate clinical program or departmental approval. PSYCH	THOMAS BLACKMON, PH.D.* UNIV. OF HOUSTON	CLINICAL PSYCHOLOGY, SUNDBERG & TYLER, 1962.
608. Seminar in Group Procedures and Group Counseling. 3 hours. A critical analysis of group counseling and various group approaches, such as T-group procedures, sensitivity training, and other techniques applicable to working with groups. The seminar group will explore the underlying theory of each approach, participate as a group in the experience, and then critique the experience. Prerequisite: EDSS 574 and individual approval.	GARRY LANDRETH, ED.D.* UNIV. OF NEW MEXICO	INNOVATIONS TO GROUP PSYCHOTHERAPY, GAZDA, 1968.
690-691. Special Problems. 1-3 hours each. Research by doctoral students in fields of special interest. Includes project research studies, and intensive reading programs. Conferences with professors in the fields are also included. RECEIVED 6 CREDITS COUNSELOR EDUCATION & SUPERVISION	GEORGE P. ROBB, ED.D.* INDIANA UNIV.	_____
510. Psychopathology of Childhood. 3 hours. Normal and psychopathological development in children, focusing on intellectual, emotional, and behavioral deviations and their recognition, as well as background in their etiology, dynamics, and prognosis. Prerequisite: 501 or its equivalent, or departmental approval. PSYCH (AUDITED)	THOMAS BLACKMON, PH.D.* UNIV. OF HOUSTON	PSYCHOPATHOLOGY OF CHILDHOOD, KESSLER, 1966.
572. Principles and Techniques of Behavior Modification. 4 hours. Principles and current literature. Laboratory work, application of specific techniques to changing both normal and deviant behavior in education, counseling, and psychotherapy. Prerequisite: departmental approval. Lecture 3 hours, laboratory 4 hours. PSYCH (ONLY 3 CR)	DONALD WHALEY, PH.D.* FLORIDA STATE UNIV.	ELEMENTARY PRINCIPLES OF BEHAVIOR, WHALEY & MALOTT, 1971.
603A-603B. Internship. 6 hours. Supervised professional activities in counseling. Required of all doctoral candidates	EDWARD C. BONK, ED.D.* (RET.) INDIANA UNIV.	_____
695. Dissertation. 12 hours. Registration only by permission of major professor. No credit until dissertation is completed, maximum of 12 semester hours. TITLE: OPERANT CONDITIONING OF COUNSELOR VERBAL RESPONSES THROUGH RADIO COMMUNICATION	GEORGE P. ROBB, ED.D.* INDIANA UNIV. MAJOR PROFESSOR	_____

TOTAL NUMBER OF CREDITS FOR PH.D. - 72

TOTAL NUMBER OF CREDITS PSYCHOLOGICAL IN NATURE - 66

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